


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19525 (7)**  
1. Corporation Name  
**POLYWOGS, INC.**



Principal Place of Business		Mailing Address	
%DOUGLASS, ROBERT 8351 BLIND PASS ROAD ST. PETERSBURG BCH. FL 33706		%DOUGLASS, ROBERT 8351 BLIND PASS ROAD ST. PETERSBURG BCH. FL 33706	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23	24	28	29
City & State		City & State	
24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified  
**03/04/1997**

4. FEI Number  
**59-2602598**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**DOUGLASS, ROBERT A.  
8351 BLIND PASS ROAD  
ST. PETERSBURG BCH. FL 33706**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTI, NICHOLAS J	1.2 NAME	Gassner, Elliott
STREET ADDRESS	4801 - 58TH AVE. N	1.3 STREET ADDRESS	2110 - 4th Street North
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, ROBERT S	2.2 NAME	Robert Nelson
STREET ADDRESS	1201 - 5TH AVE. N #207	2.3 STREET ADDRESS	1201 - 5th Avenue North #207
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLASS, ROBERT A.	3.2 NAME	
STREET ADDRESS	8351 BLIND PASS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33706	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, RICHARD M.	4.2 NAME	
STREET ADDRESS	P.O. BOX 13488 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	JD <input type="checkbox"/> DELETE	5.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, RICHARD G.	5.2 NAME	Ulrich, Richard G.
STREET ADDRESS	100 2ND AVENUE SOUTH #606	5.3 STREET ADDRESS	100 - 2nd Avenue South #606
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Vice President/Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, VAUGHN E.	6.2 NAME	McCarthy, Vaughn E.
STREET ADDRESS	1120 PINELLAS BAYWAY #202	6.3 STREET ADDRESS	6625 Cormorant Ct. S.
CITY-ST-ZIP	TIERRA VERDE FL	6.4 CITY-ST-ZIP	Pasadena, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. Douglass* 2/12/98

CR2E037 (1097)